

EXHIBIT A

In Re: National Prescription Opiate Litigation - MDL 2804

**PLAINTIFF FACT SHEET FOR
THIRD-PARTY PAYORS (TPPs)**

Each Plaintiff should provide the information in this Fact Sheet to the best of its ability and based on the parties, causes of action, and claims for damages it expects, at this time, an amended complaint to include.¹

I. PLAINTIFF INFORMATION

TPP Name: ²	_____
TPP Principal Place of Business Address:	_____
Place of Incorporation:	_____
IRS Employer Identification Number (EIN)	Are you a non-profit (or otherwise tax-exempt organization)? Yes ____ No ____ If yes, please provide your EIN: _____
Full Case Caption	_____ _____
Originally filed Case Docket Number and Court	_____ _____
MDL Docket Number	_____

1. Identify and describe Plaintiff's ownership and organizational structure, including but not limited to whether it is affiliated with or receives funding from any Federal, State, political subdivision, county or municipal governments. To the extent that answering this question would involve Plaintiff producing voluminous lists of entities that are not

¹ By seeking the information in this Plaintiff Fact Sheet, Defendants do not waive and specifically reserve all defenses and arguments, including but not limited to, any objections they may have to any complaint amendments by Plaintiffs. By providing the information in this Plaintiff Fact Sheet, Plaintiff reserves the right to amend its complaint to add new parties, causes of action, and/or claims, and the right to move to sever and stay its claims against certain Defendants.

² If there are multiple plaintiffs in your case, please provide a fact sheet for each plaintiff.

readily accessible, Plaintiff must disclose that they are unable to provide all of the entities because it would be unduly burdensome and may limit its response to exemplar years 2018 and 2019.

2. Identify any money or recovery Plaintiff has received or Plaintiff is expecting to receive from existing opioids-related settlement funds, abatement funds or abatement plans, including any Federal, State or local governments or other sources of such funds. This does not include any money or recovery received or expected in connection with the bankruptcies of Insys, Purdue, Mallinckrodt, or Endo.
3. For each year in which Plaintiff alleges that it suffered an injury for which it seeks relief, briefly describe all categories of benefits, plans or services that Plaintiff offered or provided to its members, including beneficiaries and covered spouses/dependents, and for each such category identify with particularity what, if any, kind(s) of relief (both monetary and non-monetary) Plaintiff is seeking and identify the Defendant(s) against which Plaintiff is seeking that relief.
4. Explain the qualifications that define the Plaintiff's membership and beneficiary base.
5. Identify generally the geographic area(s) in which Plaintiff's members and beneficiaries are located (e.g., whether your members and beneficiaries are located in particular states, counties, or metropolitan areas) and approximate the relative proportions.
6. Does Plaintiff pay for all or some of the costs of (1) pharmaceuticals for consumption by its members, and/or (2) its members' health care, including self-funded employer plans, managed care organizations, insurance companies, union health and welfare funds/benefit plans, HMOs, and PPOs? Yes ___ No ___ . If YES:
 - a. Please provide the name, address, and date range of services for each pharmacy benefits manager (PBM) with which Plaintiff contracted to administer prescription pharmacy benefits for each year in which Plaintiff alleges that Plaintiff suffered an injury for which Plaintiff seeks relief and the corresponding group number(s) for each such PBM. To the extent in the Plaintiff's possession, please also provide any network ID(s), BIN(s), or PCN(s) used by such PBM.
 - b. Please provide the name, address, and date range of services for each medical benefits administrator with which Plaintiff contracted to administer medical benefits for each year in which Plaintiff alleges that Plaintiff suffered an injury for which Plaintiff seeks relief and the corresponding group number(s) for each such medical benefits administrator. To the extent in the Plaintiff's possession, please also provide any network ID(s), BIN(s), or PCN(s) used by such medical benefits administrators.

II. PRIMARY ATTORNEY CONTACT INFORMATION³

Name: _____
Firm Name _____
Firm Address: _____

Telephone: _____
Email: _____

III. PRODUCT INFORMATION

1. For each drug for which Plaintiff alleges wrongdoing or seeks monetary or non-monetary relief, please provide, by NDC, the number of prescriptions submitted to Plaintiff, the amount billed, and the amount paid by Plaintiff for each year in which Plaintiff alleges that it suffered an injury for which it seeks relief.

If unable to provide all of the data requested at the time this Fact Sheet is due for purposes of bellwether selection, then please provide this information for every year in which the data is readily accessible, but at a minimum for each year from January 1, 2018 to December 31, 2019.

2. For all medical services for which Plaintiff alleges wrongdoing or seeks monetary or non-monetary relief, please provide the number of claims submitted to Plaintiff, the amount billed, and the amount paid by Plaintiff for each year in which Plaintiff alleges that it suffered an injury for which it seeks relief.

If unable to provide all of the data requested at the time this Fact Sheet is due for purposes of bellwether selection, then please provide this information for every year in which the data is readily accessible, but at a minimum for each year from January 1, 2018 to December 31, 2019.

3. Please provide the formularies or “preferred drug lists” in use for each year in which Plaintiff alleges that Plaintiff suffered an injury for which Plaintiff seeks relief.
4. For each year in which Plaintiff alleges that Plaintiff suffered an injury for which Plaintiff seeks relief, did Plaintiff provide coverage to members, including beneficiaries, covered spouses/dependents, and/or subscribers for substance abuse disorders and rehabilitation services? Yes ____ No ____

³ Please provide an addendum identifying all counsel that represents Plaintiff in this litigation, whether or not listed in your complaint.

5. Approximate the number of members, including beneficiaries, covered spouses/dependents and subscribers, that Plaintiff covered for each year in which Plaintiff alleges that it suffered an injury for which it seeks relief.
6. Please provide all summary plan description(s) in use for each year in which Plaintiff alleges that Plaintiff suffered an injury for which Plaintiff seeks relief.

IV. JURISDICTION & PLEADING INFORMATION

1. Please confirm that, if selected as a Bellwether Case, Plaintiff will not seek remand to any state court. Yes ____ No ____
2. Please identify the federal district court to which Plaintiff believes its case should be remanded for purposes of motions for summary judgment, if any, and trial. If Plaintiff contends the case should remain in the Northern District of Ohio for such purposes, please provide the factual basis as to why venue is proper there.
3. Please confirm that, if selected as a Bellwether Case, Plaintiff will proceed in the capacity of an individual Plaintiff in the Bellwether Case and not as a class representative.
Yes ____ No ____
4. Please identify three or fewer causes of action on which Plaintiff intends to proceed in a Bellwether Case (if selected) and for each cause of action identify (a) the Defendant(s) against whom Plaintiff will pursue that cause of action; (b) the specific monetary and non-monetary relief sought, and (c) whether Plaintiff is bringing that cause of action on behalf of its members, including beneficiaries, covered spouses/dependents, and subscribers, or in any capacity as a subrogor or an assignee. If bringing any claims as a subrogor or assignee, please provide the number and identities of each such subrogee or assignor.

V. CERTIFICATION

I declare under penalty of perjury that all of the information provided in this Plaintiff Fact Sheet is complete, true, and correct to the best of my knowledge and information.

Date

Signature

Print Name

Title